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PTO/SB/02A (3-97)  
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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 2

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
STEVEN				WOLFF				
Inventor's Signature				Date				
Residence: City		WOODACRE	State	CA	Country	US	Citizenship	US
Post Office Address		41 Maple						
Post Office Address								
City		Woodacre	State	CA	ZIP	94973	Country	US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
ROD				SCHUMACHER				
Inventor's Signature				Date				
Residence: City		LOS ANGELES	State	CA	Country	US	Citizenship	US
Post Office Address		6374 Arizona Circle						
Post Office Address								
City		Los Angeles	State	CA	ZIP	90045	Country	US
<b>Name of Additional Joint Inventor, if any:</b>				<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
ANDREW				BRYANT				
Inventor's Signature				Date				
Residence: City		RIVERSIDE	State	CA	Country	US	Citizenship	US
Post Office Address		11048 Carlota St.						
Post Office Address								
City		Riverside	State	CA	ZIP	92509	Country	US

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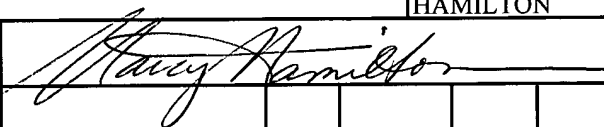
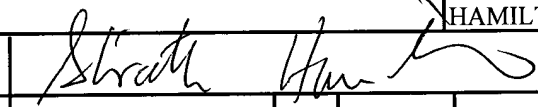
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Page 2 of 2

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
MARCY				HAMILTON			
Inventor's Signature				Date		12/16/01	
Residence: City		LOS ANGELES		State		CA	
				Country		US	
Post Office Address		6374 Arizona Circle					
Post Office Address							
City		Los Angeles		State		CA	
				ZIP		90045	
				Country		US	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
STRATH				HAMILTON			
Inventor's Signature				Date		12/16/01	
Residence: City		LOS ANGELES		State		CA	
				Country		US	
Post Office Address		6374 Arizona Circle					
Post Office Address							
City		Los Angeles		State		CA	
				ZIP		90045	
				Country		US	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
DANA				TASCHNER			
Inventor's Signature				Date			
Residence: City		CORONA DEL MAR		State		CA	
				Country		US	
Post Office Address		1116 Dolphin Terrace					
Post Office Address							
City		Corona del Mar		State		CA	
				ZIP		92625	
				Country		US	

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**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, filed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent  
NumberParent Filing Date  
(MM/DD/YYYY)Parent Patent Number  
(if applicable)☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed belowPlace Customer  
Number Bar Code  
Label here

Name

Registration  
Number

Name

Registration  
Number

SANFORD ASTOR

20748

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

☐ Customer Number  
or Bar Code LabelOR ☒ Correspondence address below

Name

SANFORD ASTOR, SANFORD ASTOR

Address

10507 WEST PICO BLVD.

Address

Suite 200

City

LOS ANGELES

State

CA

ZIP

90064

Country

US

Telephone

310-470-6852

Fax

310-470-3673

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle, if any)

Family Name or Surname

WILLIAM

SCOTT

MOULTON

Inventor's  
Signature

Date

12/12/01

Residence: City

KENTFIELD

State

CA

Country

US

Citizenship

US

Post Office Address

838 Sir Francis Drake Blvd.

Post Office Address

City

Kentfield

State

CA

ZIP

94904

Country

US

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box  $\div$  ☐

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	<b>Attorney Docket Number</b>	50770	
	<b>First Named Inventor</b>	MOULTON, WILLIAM	
	<b>COMPLETE IF KNOWN</b>		
	<b>Application Number</b>		
	<b>Filing Date</b>		
	<b>Group Art Unit</b>		
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	
		<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FILM LANGUAGE

the specification of which (Title of the Invention)

☒ is attached hereto  
OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/257,660	12/22/2000	

[Page 1 of 2]


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Given Name (first and middle [if any])		Family Name or Surname					
MARCY		HAMILTON					
Inventor's Signature						Date	
Residence: City	LOS ANGELES	State	CA	Country	US	Citizenship	US
Post Office Address	6374 Arizona Circle						
Post Office Address							
City	Los Angeles	State	CA	ZIP	90045	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
STRATH		HAMILTON					
Inventor's Signature						Date	
Residence: City	LOS ANGELES	State	CA	Country	US	Citizenship	US
Post Office Address	6374 Arizona Circle						
Post Office Address							
City	Los Angeles	State	CA	ZIP	90045	Country	US
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Given Name (first and middle [if any])		Family Name or Surname					
DANA		TASCHNER					
Inventor's Signature						Date	12/17/01
Residence: City	SUNSET BEACH	State	CA	Country	US	Citizenship	US
Post Office Address	P.O. Box 1675						
Post Office Address							
City	Sunset Beach	State	CA	ZIP	90742	Country	US

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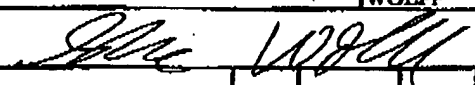
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**DECLARATION****ADDITIONAL INVENTOR(S)**

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Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
STEVEN		WOLFF			
Inventor's Signature				Date	12/10/01
Residence: City	WOODACRE	State	CA	Country	US
Post Office Address	41 Maple (STREET)				
Post Office Address	PO 1061 (POST)				
City	Woodacre	State	CA	ZIP	94973
Country	US				
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
ROD		SCHUMACHER			
Inventor's Signature				Date	
Residence: City	LOS ANGELES	State	CA	Country	US
Post Office Address	6374 Arizona Circle				
Post Office Address					
City	Los Angeles	State	CA	ZIP	90045
Country	US				
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
ANDREW		BRYANT			
Inventor's Signature				Date	
Residence: City	RIVERSIDE	State	CA	Country	US
Post Office Address	11048 Carlot St.				
Post Office Address					
City	Riverside	State	CA	ZIP	92509
Country	US				

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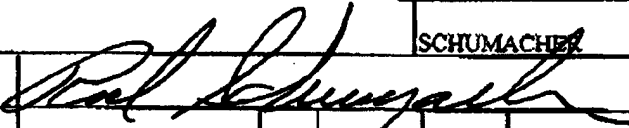
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STEVEN		WOLFF	
Inventor's Signature			Date
Residence: City	WOODACRE	State	CA
		Country	US
Post Office Address	41 Maple		
Post Office Address			
City	Woodacre	State	CA
		ZIP	94973
		Country	US
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Given Name (first and middle (if any))		Family Name or Surname	
ROD		SCHUMACHER	
Inventor's Signature			Date
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Post Office Address			
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ANDREW		BRYANT	
Inventor's Signature			Date
Residence: City	RIVERSIDE	State	CA
		Country	US
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Post Office Address			
City	Riverside	State	CA
		ZIP	92509
		Country	US

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